

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

10 East Doty Street

Suite 701

☐ Check if different than previously reported. (ACC)

MADISON

WI

53703

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00545194

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

April 15
Quarterly Report (Q1)July 15
Quarterly Report (Q2)October 15
Quarterly Report (Q3)January 31
Year-End Report (YE)July 31 Mid-Year
Report (Non-election
Year Only) (MY)Termination Report
(TER)(b) Monthly
Report
Due On:

Feb 20 (M2)



May 20 (M5)



Aug 20 (M8)

Nov 20 (M11)
(Non-Election
Year Only)

Mar 20 (M3)



Jun 20 (M6)



Sep 20 (M9)

Dec 20 (M12)
(Non-Election
Year Only)

Apr 20 (M4)



Jul 20 (M7)



Oct 20 (M10)



Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

(d) 30-Day
POST-Election
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

M M M / D D D / Y Y Y Y Y Y

in the
State of

M M M / D D D / Y Y Y Y Y Y

5. Covering Period

M M M / D D D / Y Y Y Y Y Y
04 01 2016M M M / D D D / Y Y Y Y Y Y
04 01 2016M M M / D D D / Y Y Y Y Y Y
04 01 2016

through

M M M / D D D / Y Y Y Y Y Y
06 30 2016M M M / D D D / Y Y Y Y Y Y
06 30 2016M M M / D D D / Y Y Y Y Y Y
06 30 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer DWAYNE A. GANTZ

Signature of Treasurer

DWAYNE A. GANTZ

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 13 2016M M M / D D D / Y Y Y Y Y Y
07 13 2016M M M / D D D / Y Y Y Y Y Y
07 13 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
04 / 01 / 2016 To: M M / D D / Y Y Y Y Y Y
06 / 30 / 2016

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2016		24493.80
(b) Cash on Hand at Beginning of Reporting Period.....	15859.54	
(c) Total Receipts (from Line 19)	60939.25	62492.06
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	76798.79	86985.86
7. Total Disbursements (from Line 31)	22586.01	32773.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	54212.78	54212.78
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	4		0	1		2	0	1	6		

To:

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		3	0		2	0	1	6		

I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

58757.29

58967.29

(ii) Unitemized

2181.96

3524.77

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ►

60939.25

62492.06

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ►

60939.25

62492.06

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0.00

0.00

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ►

60939.25

62492.06

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ►

60939.25

62492.06

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	86.01	123.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	86.01	123.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	22500.00	30550.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	2100.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	22586.01	32773.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	22586.01	32773.08

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	60939.25	62492.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	60939.25	62492.06
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	86.01	123.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	86.01	123.08

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PETER ANHALT

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

SVP GROUP EXECUTIVE - P/L

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 27 / 2016

Transaction ID : SA11AI.4695

Amount of Each Receipt this Period

2200.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. GREG ARMSTRONG

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP - PL CLAIMS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 20 / 2016

Transaction ID : SA11AI.4712

Amount of Each Receipt this Period

800.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. GRAHAM ATKINSON

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 24 / 2016

Transaction ID : SA11AI.4722

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BRETT BEVERSDORF

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

DIR-AVIATION & TRAVEL SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

655.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2016

Transaction ID : SA11AI.4607

Amount of Each Receipt this Period

445.00

☐ Memo Item

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

B. DAVID CASPER

Mailing Address 1320 RIDGEWOOD DRIVE

City State Zip Code
 NORTHBROOK IL 60062

FEC ID number of contributing federal political committee.

C

Name of Employer

BMO HARRIS BANK

Occupation

EVP & HEAD OF COMMERCIAL BANKING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 06 / 02 / 2016

Transaction ID : SA11AI.4717

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL DIETRY

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-PL PRODUCT & AGENCY SALES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

292.54

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 03 / 2016

Transaction ID : SA11AI.4610

Amount of Each Receipt this Period

157.79

☐ Memo Item

PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)..... ►

2602.79

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. MICHELLE DUFRESNE</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE AVP-WC CLAIMS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 800.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 05 / 10 / 2016 Transaction ID : SA11AI.4696</p> <p>Amount of Each Receipt this Period 800.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>		
<p>Full Name (Last, First, Middle Initial) B. KEN ERLER</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE SVP-CHIEF ADMIN OFF, GEN CNSL</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2200.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 23 / 2016 Transaction ID : SA11AI.4697</p> <p>Amount of Each Receipt this Period 2200.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>		
<p>Full Name (Last, First, Middle Initial) C. KRISTINE FIRMINHAC</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE DIR-ENTERPRISE RISK MANAGEMENT</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 210.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y Y 04 / 03 / 2016 Transaction ID : SA11AI.4611</p> <p>Amount of Each Receipt this Period 105.00</p> <p><input type="checkbox"/> Memo Item PAYROLL DEDUCTION</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>3105.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

 Use separate schedule(s)
 for each category of the
 Detailed Summary Page

 FOR LINE NUMBER:
 (check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES FRANK

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP INFORMATION TECHNOLOGY

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
06			20			2016			

Transaction ID : SA11AI.4716

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. DWAYNE A. GANTZ

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-CHIEF ACCOUNTING EXECUTIVE

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1701.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			03			2016			

Transaction ID : SA11AI.4698

Amount of Each Receipt this Period

1701.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. DAVID HARTMAN

Mailing Address 1800 NORTHPOINT DRIVE

City

STEVENS POINT

State

WI

Zip Code

54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP SEGMENT EXECUTIVE (DO)

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
05			23			2016			

Transaction ID : SA11AI.4710

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶

5101.00

TOTAL This Period (last page this line number only)..... ▶

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. WILLIAM HARVEY</p> <p>Mailing Address 5 SHADE TREE CT</p> <p>City MADISON State WI Zip Code 53717</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RETIRED Occupation RETIRED</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2500.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 23 / 2016 Transaction ID : SA11AI.4724</p> <p>Amount of Each Receipt this Period 2500.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>		
<p>Full Name (Last, First, Middle Initial) B. LEO HENIKOFF</p> <p>Mailing Address PO BOX 2870</p> <p>City JACKSON State WY Zip Code 83001</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer RUSH MEDICAL CENTER Occupation PRESIDENT EMERITUS RUSH UNIVERSITY</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 24 / 2016 Transaction ID : SA11AI.4725</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>		
<p>Full Name (Last, First, Middle Initial) C. WEI HUANG</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City STEVENS POINT State WI Zip Code 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer SENTRY INSURANCE Occupation VP EQUITY INVESTMENTS</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 05 / 05 / 2016 Transaction ID : SA11AI.4699</p> <p>Amount of Each Receipt this Period 2000.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>6500.00</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JOHN HYLAND

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP SEGMENT EXECUTIVE (SBP)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 25 / 2016

Transaction ID : SA11AI.4711

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. STEPHEN MARSDEN

Mailing Address 1800 NORTH POINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-PL PRODUCTS & PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

330.81

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 03 / 2016

Transaction ID : SA11AI.4620

Amount of Each Receipt this Period

169.25

☐ Memo Item

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. STEPHANIE PACE MARSHALL

Mailing Address 8031 SAVOY CLUB COURT

City State Zip Code
BURR RIDGE IL 60527

FEC ID number of contributing federal political committee.

C

Name of Employer

ILLINOIS MATHEMATICS AND SCIEN

Occupation

PRESIDENT EMERITI

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 26 / 2016

Transaction ID : SA11AI.4721

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

3869.25

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. JAMES MCDONALD

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP FIXED INCOME

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 02 / 2016

Transaction ID : SA11AI.4701

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. PETER MCPARTLAND

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

CHRM OF THE BOARD, PRES & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 25 / 2016

Transaction ID : SA11AI.4702

Amount of Each Receipt this Period

5000.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. CHRISTOPHER MEADOWS

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-EQUITY INVESTMENTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 23 / 2016

Transaction ID : SA11AI.4700

Amount of Each Receipt this Period

800.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

SCHEDULE A (FEC Form 3X)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 13 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SCOTT MILLER

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP SEGMENT EXECUTIVE (NA)

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 20 / 2016

Transaction ID : SA11AI.4703

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. SEAN NIMM

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-TRANS PRODUCTS & PRICING

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 09 / 2016

Transaction ID : SA11AI.4704

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. JAMES PEARSON

Mailing Address 1S773 NELSON LAKE RD

City State Zip Code
BATAVIA IL 60510

FEC ID number of contributing federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
05 / 28 / 2016

Transaction ID : SA11AI.4720

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

5400.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 14 OF 22

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. PETER PESTILLO

Mailing Address 2833 CAPISTRANO WAY

City
NAPLES

State Zip Code
FL 34105

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

06 / 01 / 2016

Transaction ID : SA11AI.4718

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JIM POTTER

Mailing Address 1800 NORTHPOINT DRIVE

City
STEVENS POINT

State Zip Code
WI 54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

DIR-CLAIMS SHARED SERVICES

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

279.25

Date of Receipt

05 / 01 / 2016

Transaction ID : SA11AI.4684

Amount of Each Receipt this Period

279.25

☐ Memo Item

PAYROLL DEDUCTION

Full Name (Last, First, Middle Initial)

C. JEAN REGAN

Mailing Address 321 S ELM STREET

City
HINSDALE

State Zip Code
IL 60521

FEC ID number of contributing
federal political committee.

C

Name of Employer

TRANZACT TECHNOLOGIES, INC.

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

05 / 24 / 2016

Transaction ID : SA11AI.4723

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4279.25

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 15 OF 22

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. TODD SCHROEDER

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

AVP-CL PRODUCTS

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 21 / 2016

Transaction ID : SA11AI.4705

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES STITZLEIN

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

SVP CHIEF INFORMATION OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 25 / 2016

Transaction ID : SA11AI.4708

Amount of Each Receipt this Period

2200.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MARK TRAUTSCHOLD

Mailing Address 1800 NORTHPOINT DRIVE

City State Zip Code
 STEVENS POINT WI 54481

FEC ID number of contributing federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

SVP CHIEF CLAIMS OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2200.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 22 / 2016

Transaction ID : SA11AI.4706

Amount of Each Receipt this Period

2200.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6100.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 16 OF 22
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. SHIRLEY WEIS

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

WEIS ASSOCIATES LLC

Occupation

PRESIDENT

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	26	/	2016

Transaction ID : SA11AI.4719

Amount of Each Receipt this Period

2000.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

B. JAMES WEISHAN

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

EVP CHIEF INVESTMENT OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	25	/	2016

Transaction ID : SA11AI.4709

Amount of Each Receipt this Period

2700.00

☐ Memo Item

MANUAL CONTRIBUTION

Full Name (Last, First, Middle Initial)

C. MICHAEL WILLIAMS

Mailing Address 1800 NORTHPOINT DRIVE

City	State	Zip Code
STEVENS POINT	WI	54481

FEC ID number of contributing
federal political committee.

C

Name of Employer

SENTRY INSURANCE

Occupation

VP CHIEF ACTUARY/RISK OFFICER

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1700.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	15	/	2016

Transaction ID : SA11AI.4714

Amount of Each Receipt this Period

1700.00

☐ Memo Item

MANUAL CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

6400.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

<p>Full Name (Last, First, Middle Initial) A. RICHARD WITTMANN</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE VP SEGMENT EXECUTIVE (TR)</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1700.00</p>		<p>Date of Receipt 05 / 31 / 2016 Transaction ID : SA11AI.4713 </p> <p>Amount of Each Receipt this Period 1700.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>
<p>Full Name (Last, First, Middle Initial) B. DANIEL WUEST</p> <p>Mailing Address 1800 NORTHPOINT DRIVE</p> <p>City State Zip Code STEVENS POINT WI 54481</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation SENTRY INSURANCE VP IT-COMMERCIAL LINES</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼ 1200.00</p>		<p>Date of Receipt 06 / 08 / 2016 Transaction ID : SA11AI.4715 </p> <p>Amount of Each Receipt this Period 1200.00</p> <p><input type="checkbox"/> Memo Item MANUAL CONTRIBUTION</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ </p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt</p> <p>Amount of Each Receipt this Period</p> <p><input type="checkbox"/> Memo Item</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		2900.00
<p>TOTAL This Period (last page this line number only)..... ▶</p>		58757.29

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 18 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ANDY BARR FOR CONGRESS, INC.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Mailing Address PO BOX 2059

City	State	Zip Code
LEXINGTON	KY	40588

Transaction ID : SB23.4661Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

GARLAND ANDY BARRCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: KY District: 06

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. BRADY FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Mailing Address PO BOX 8277

City	State	Zip Code
THE WOODLANDS	TX	77387

Transaction ID : SB23.4662Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

KEVIN BRADYCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: TX District: 08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. CITIZENS FOR WATERS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		04		2016

Mailing Address 249 E OCEAN BLVD # 685

City	State	Zip Code
LONG BEACH	CA	90802

Transaction ID : SB23.4660Purpose of Disbursement
CONTRIBUTION

Amount of Each Disbursement this Period

Candidate Name

MAXINE MS WATERSCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 43

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00


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<input type="checkbox"/>	21b	<input type="checkbox"/>	22	<input checked="" type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

5000.00

 Memo Item

 Memo Item

04 / 20 / 2016

1000.00

 Memo Item

7000.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 20 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. GRAVES FOR CONGRESS

Mailing Address PO BOX 335

City	State	Zip Code
CALHOUN	GA	30703

Purpose of Disbursement
CONTRIBUTION

Candidate Name

JOHN THOMAS MR. JR. GRAVESOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 14

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SB23.4665

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. KYRSTEN SINEMA FOR CONGRESS

Mailing Address PO BOX 25879

City	State	Zip Code
TEMPE	AZ	85285

Purpose of Disbursement
CONTRIBUTION

Candidate Name

KYRSTEN SINEMAOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☒ Primary ☐ General
☐ Other (specify) ▼

State: AZ District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		11		2016

Transaction ID : SB23.4657

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. MIKE ROGERS FOR CONGRESS

Mailing Address 123 EAST 13TH STREET

City	State	Zip Code
ANNISTON	AL	36201

Purpose of Disbursement
CONTRIBUTION

Candidate Name

MICHAEL ROGERSOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2016
☐ Primary ☒ General
☐ Other (specify) ▼

State: AL District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		18		2016

Transaction ID : SB23.4658

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 21 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. MOORE FOR CONGRESS

Mailing Address PO BOX 16646

City	State	Zip Code
MILWAUKEE	WI	53216

Purpose of Disbursement
CONTRIBUTION

Candidate Name

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: WI District: 04

Disbursement For: 2016
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SB23.4666

Amount of Each Disbursement this Period

2500.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. PROPERTY CASUALTY INSURERS ASSOCIATION OF AMERICA POLITICAL ACTION COMMITTEE (PCIPAC)Mailing Address 8700 WEST BRYN MAWR
SUITE 1200S

City	State	Zip Code
CHICAGO	IL	60631

Purpose of Disbursement
PAC TO PAC CONTRIBUTION

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: District:

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Transaction ID : SB23.4729

Amount of Each Disbursement this Period

5000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. RODNEY FOR CONGRESS

Mailing Address PO BOX 344

City	State	Zip Code
TAYLORVILLE	IL	62568

Purpose of Disbursement
CONTRIBUTION

Candidate Name

RODNEY L DAVIS

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: IL District: 13

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		12		2016

Transaction ID : SB23.4664

Amount of Each Disbursement this Period

1000.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 22 OF 22

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

SENTRY INSURANCE A MUTUAL COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. ROSKAM FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06		09		2016

Mailing Address P. O. BOX 713

City	State	Zip Code
WHEATON	IL	60187

Purpose of Disbursement
CONTRIBUTION

Candidate Name

PETER ROSKAM

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2016
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: IL District: 06

Category/
Type**Transaction ID : SB23.4667**

Amount of Each Disbursement this Period

1000.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

--

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City	State	Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Category/
Type

Amount of Each Disbursement this Period

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☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1000.00

22500.00
